



## EAU CLAIRE

# Make a Difference Day Eau Claire-Registration Saturday, October 24, 2015

Please complete the following information and return application to:

Teri-Gene Conlin, Volunteer Coordinator  
915 Menomonie Street  
Eau Claire, WI 54703  
(715) 839-8285  
[Teri-Gene.Conlin@eauclairewi.gov](mailto:Teri-Gene.Conlin@eauclairewi.gov)

Name: (at least 18 years old) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group Name (if registering after your group): \_\_\_\_\_

**APPLICATION DEADLINE IS October 19, 2015!**

### VOLUNTEER COORDINATOR ONLY:

Assigned Area: \_\_\_\_\_

Needs: Wristbands

Organization: \_\_\_\_\_

Garbage Bags

Other: \_\_\_\_\_

**LIABILITY WAIVER AGREEMENT INDIVIDUAL  
VOLUNTEER SERVICES**

This Agreement is made, by and between the City of Eau Claire, hereinafter referred to as the "City" and \_\_\_\_\_ hereinafter referred to as the "Volunteer".

**PURPOSE:** The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer. This Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer.

**AGREEMENT FOR NON-COMPENSATED SERVICES:** The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

In consideration of the City giving me permission to perform these volunteer services, I understand that: (please initial the following)

I am not to appear for volunteer service under the influence of any illegal drugs or alcohol.

If I bring any child(ren) with me under 14 years of age, I understand I will be held solely liable, and assume all risk of liability, for my child(ren)'s actions and agree to hold the City harmless from any and all such related claims against the City; except for injuries and damages caused by the sole negligence of the City.

I agree not to go beyond the scope of volunteer work agreed to without authorization.

If I am to be trained on any activity that I am unfamiliar with, to learn the corresponding policies, it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

I understand that I am to report any on-the-job injury or illness, no matter how minor, to the Volunteer Coordinator.

If weather sirens are heard, volunteers are to seek more information.

**TERMINATION:** I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

**WAIVER & HOLD HARMLESS:** I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program. I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

\_\_\_\_\_  
Volunteer  
This agreement will be in effect for the duration of my volunteer services beginning this date: **October 24, 2015**

By: \_\_\_\_\_  
City of Eau Claire

Return completed form to: Teri-Gen Conlin  
Volunteer Coordinator  
Eau Claire Parks & Recreation  
915 Menomonie Street  
Eau Claire, WI 54703

y  
\_\_\_\_\_  
Volunteer's Signature  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Postal Code  
\_\_\_\_\_  
Phone